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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application Number 10/559,406			Filing Date 30 May, 2006			☐ To be Mailed		
	Substitute	e for Form l with Form P	PTO-1360		Applicant(s) ALEXANDER ET AL.						Page 1 of 1		
					* May be used for additional of				ional claims				
CLAIMS	ASI	FILED	AFTER FIRST AMENDMENT 10/09/2008		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2							52						
3							53						
5							54 55						
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12 13							62 63						
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16							66						
17							67						
18							68						
19							69						
20 21			1				70 71						
22			1	1			72						
23				1			73						
24				1			74						
25				1			75						
26				1			76						
27 28			1	1			77 78						
29			1				79						
30				1			80						
31				2			81						
32			1				82						
33			1				83						
34 35			1	1			84 85						
36				1			86						
37							87						
38							88						
39							89						
40							90						
41 42							91 92						
43							92						
44							94						
45							95						
46							96						
47							97						
48							98						
49 50							99 100						
Total			6				Total						
Indep							Indep						
Total				10			Total						
Depend				<u> </u>			Depend						
Total Claims				.6			Total Claims						

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